

**OMAN AND YEMEN STATUS REPORT**

**PREPARED BY USAID/YEMEN**

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### **A. Oman**

**1. Salalah Water Resources Development (Project No. 272-0104):** The American construction firm of ABB Susa, Inc. reached substantial completion of the wastewater reclamation plant on Feb 17, 1999. Delays were encountered in the installation of the electronic control and monitoring system and in the final testing of the facility. The facility is now in a 12-month defect liability period during which time minor construction problems and warranty concerns will be addressed. The American engineering firm of Camp Dresser McKee, International (CDM) remains the construction supervision firm to the GovOman and the Municipality of Dhofar during this period. The contract to construct the GovOman-financed wastewater collection and conveyance system (known as Contract 1) was signed in January 1999 with the Omani construction firm Galfar. The American engineering firm of Parsons Environmental Sciences is the construction supervision firm for the new contract. Full operation of the plant will not begin until the first phase of the conveyance system is completed, now anticipated in January 2001. USAID/Egypt will continue to monitor this action until the PACD of December 31, 1999.

**2. Memorandum of Understanding (MOU):** In December 1998, preparatory meetings for the Science and Technology Subcommittee meetings were held in Oman to discuss potential areas of U.S. cooperation. The program included a visit to Sultan Qabbos University, the leading research center in Oman, followed by a meeting of the participants to determine specific areas of interest. The Omanis presented the following as areas for potential collaboration: human resources development, scholarships, academic links, information networking, coral reef management, quality control of fishery products, air pollution control, regulations, waste management and higher education appraisals. USG agencies and departments were identified for possible technical cooperation and will provide information to Omani counterparts. A plan of implementation will be formalized during the coming year.

USAID plans to honor commitments under the current MOU with Oman through September 1999, which provides for reimbursable (perdiem + airline) technical assistance. The technical assistance was to come from USAID technical experts (USDH). As of FY 2000, lists of private vendors will be provided by USAID.

## **B. YEMEN**

### **1. Options for Family Care (OFC) (Project No. 279-0090):**

**a. Lower Level Result (LLR) 1.1, Sustainable female staffing established in centers in three governorates:** Activities in support of LLR 1.1 got underway in early 1997 with the implementation of (a) a three-month training of trainers course in Sana'a, (b) renovation and equipping of training centers, and (c) placement of community midwife trainers at training sites. Community midwife training began in April 1997 at eight sites, with an average of 20 trainees in place at each center. Subsequently in the fall of 1997, to ensure the availability of female providers in selected areas in Hajjah governorate where candidates did not meet the criteria for community midwife training, basic female primary health care worker (murshidat) training was initiated at two sites and female primary health care worker (murshidat) upgrade training at a third location. To ensure training quality and to provide in-service support to trainers at all locations, a follow-up and supervisory system was put in place and utilized throughout the life of project.

The twelve month murshidat and murshidat upgrade courses were completed between October and December 1998. The planned 18-month community midwife course had been scheduled to end in September 1998; however, in late 1997 the Ministry of Public Health had decided to extend the course by six additional months, through March 1999, to allow adequate time for trainees to complete the 20 deliveries required for certification. By September 1998, nearly all 215 trainees at eleven training centers had successfully fulfilled didactic and practical training requirements. However, to provide continuing support to training post-September 1998 through the six-month extension period, financial and technical support was made available through the World Learning task. Final examinations for community midwife trainees were conducted in March 1999; graduation is scheduled to take place in April 1999. It is anticipated that the Ministry of Public Health will hire about 25% of graduates and that the remainder will work as private providers.

**b. Lower Level Result 1.2, Minimum Quality Standards for Centers in Place in Four Governorates:** Improvements were made to 28 OFC-supported health center physical facilities during 1997, with renovation work completed and clinical equipment procured and delivered to all sites. Furthermore, in July 1998, equipment was distributed to 53 peripheral health units that will be staffed by community midwife graduates and will provide MCH/FP services by mid-1999.

Although there was extensive delay in getting quality standards in place in OFC-supported facilities, by early 1998, project clinical and management resident advisors had initiated training activities to improve clinical and management practices at OFC-supported health centers and to strengthen center management teams. Subsequently, MCH/FP service guidelines were developed and distributed in close collaboration with the Ministry of Public Health's MCH Unit. Finally, to ensure the continuing quality of services, furnishings and facilities, supervisory and monitoring tools were designed and disseminated.

To enhance and sustain health education activities at centers, teams of trainers were formed in each governorate and workshops conducted to enable trainers to assess and improve the quality of health education materials and approaches at the center level. Finally, to increase community utilization of MCH/FP centers, providers and trainees were assisted in undertaking outreach activities.

**c. Lower Level Result 1.3, Community and Individual Participation Increased in Three Governorates:** Community Participation Agreements (CPAs) outlining contributions of Community, MOPH and OFC Project partners were signed in mid-1997 and extensive follow-up took place to ensure partner compliance with CPAs. With community midwife training underway at centers and communities effectively providing support to community midwife training, the focus of community participation efforts shifted, in late 1997, toward ensuring the sustainability of community participation processes through the further development of community board/health committee structures and functions. To develop health committee capacity to identify community needs and plan and manage community inputs to address ongoing community needs, workshops were undertaken to enhance awareness of local health problems and prevention of these problems; to define committee roles and responsibilities; to facilitate the development of committee workplans and operating procedures; and to develop committee member skills in teamwork and problem-solving. Finally, to increase community support for health services delivery, health centers received targeted technical assistance to facilitate implementation of improved user fee and financial management systems. A simplified financial record-keeping system was introduced which provided for improved management of both clinic revenue and expenditures.

**2. Development Training III (DTIII) (Project No. 279-0080) Global Training for Development (GTD) Task Order No. 817:** Under this task order, World Learning is contracted to conduct a training needs assessment, recommend a two-year training plan, implement USAID-approved training, and provide evaluation, tracking, monitoring, and follow-up of those activities. Training will aim to support technical and management improvements in the health and education sectors, the Central Statistical Organization (CSO), the National Institute for Administrative Science (NIAS), and selected NGOs. The majority of the training will be conducted in-country and/or in-region.

As previously mentioned, World Learning provided technical and financial support to OFC-supported female provider trainees from September 1998 through March 1999, during the six-month training extension period.

**3. Second Yemen Demographic and Maternal and Child Health Survey (YDMCHS-II):** Planning for, and design of, the survey got underway in June 1997, implemented by MACRO International in collaboration with the Central Statistical Organization (CSO) of Yemen. For this second survey, the CSO utilized all female field interviewers. Data collection was completed by November 1997 and the preliminary report was available by May 1998.

As a result of subsequent implementation delays, however, a three-month no-cost extension was granted to allow continuation of activities (including completion of the final report) through December 1998. The official National Seminar to disseminate Yemen DHS results was held on December 1, 1998 under the auspices of H.E. Dr. Abdul Karim Al-Iryani, Prime Minister. H.E. Engineer Mohammed Al-Tayyeb, Minister of Labor and Vocational Training, represented the Government of Yemen. H.E. Ms. Barbara Bodine, U.S. Ambassador, and Ms. Toni Christiansen-Wagner, USAID/Yemen Mission Director and USAID/Egypt Deputy Mission Director, represented the U.S. Government.

The 1997 survey had aimed to provide Yemen government agencies and donors with updated data on demographic and maternal and child health conditions nationwide. For the first time, the survey also collected information on maternal mortality and female circumcision. As such, the dissemination and utilization of survey results is expected, ultimately, to assist in the formulation of policies and programs to improve maternal and child health status and to address issues related to women's reproductive behavior in Yemen.

Survey results demonstrated notable improvements in some fertility indicators since the 1991 First Yemen Demographic and Maternal and Child Health Survey. Among these, average family size has declined, contraceptive knowledge has increased, and current use of family planning has doubled to 21 percent, with more than half of these women using a modern method. However, survey results also indicated that fertility in Yemen remains high; Yemen currently has one of the fastest growing populations in the world, growing at 3.5 percent per year, doubling the population about every 19 years. Additionally, survey results raised concerns related to women's reproductive health, confirming that maternal mortality rates were extremely high, and indicating that nearly one-quarter of ever-married women had been circumcised, with 41 percent of women stating that the practice of female circumcision should continue.

#### **4. Adventist Development and Relief Agency (ADRA):**

Through support from the USAID/Washington Child Survival Grants Program, this PVO is implementing a three-year, community-based child survival project in three rural districts in Hodeidah governorate. The project aims to both strengthen health services and facilitate community participation in child survival activities such as diarrheal disease prevention, immunization, and nutrition education. A key project focus is on empowering communities as key stakeholders in health services delivery. To date, community-based interventions in immunization, nutrition and the control of diarrheal diseases have begun in three districts in the Hodeidah governorate. Women's groups and health committees have been formed at project sites and literacy training and small enterprise development loan programs initiated. ADRA has applied for a three-year extension to its current child survival grant through USAID/BHR/PVO in order to expand its community-based child survival project to include interventions in malaria and maternal and neonatal care.

**5. Democracy and Governance:** The Near East Democracy Working Group (USAID and State) recommended two main democracy activities for Yemen with FY 1998 Economic Support Funds (ESF). The USAID Center for Democracy and Governance in the Bureau for Global Programs, Field Support and Research, is funding and managing two technical assistance activities through the International Foundation for Election Systems (IFES) and the National Democratic Institute for International Affairs (NDI). The two activities are: (a) \$750,000 for IFES to support the Supreme Elections Committee (SEC) and (b) \$550,000 for NDI to support the strengthening of the legislature. The above were implemented through a formal agreement between USAID and the Consortium for Elections and Political Processes (CEPPS) which includes IFES and NDI.

## **B. Procurement for Yemen/Oman from April 1998 to March 1999**

**1. Oman/Yemen Participants:** When USAID/Egypt began backstopping responsibilities for Oman and Yemen, 12 Omani and 16 Yemeni participants were still in the U.S. completing long-term academic programs. The participants at that time were being managed under the USAID/Washington central participant training contract with Partners for International Education and Training (PIET). This contract ended March 31, 1997.

Subsequently, USAID/Egypt's Office of Procurement finalized a Task Order for \$1,228,000 under the Global Bureau's training contract with World Learning, Inc., to continue managing and monitoring the 12 Omani and 16 Yemeni participants completing long-term academic programs in the U.S. The Task Order duration is April 1, 1997 through September 30, 1999. A modification to the Task Order was executed in February 1998 to add an additional \$86,821 to fully fund the participants' programs through completion.

USAID/Egypt's Office of Education and Training has assumed responsibility for managing the Task Order and interacting with the training contractor on all program issues for the Omani participants and with the Yemeni staff in Sana'a on issues for the Yemeni participants.

Among the Yemeni participants, 11 have successfully completed their training and have returned home; one is still in training, to be completed in June 1999; one is now legally in the U.S. under a USIA-approved J-1 residency waiver; and three others were terminated for various reasons. Among the Omani participants, six have successfully completed their training and returned home; one is still in training; and three others are continuing training under GovOman sponsorship. The attached tables provide a summary of the status of all the Omani and Yemeni participants.

**2. Development Training (DT) III Task Order:** The Development Training III results package is being implemented under a task order with World Learning, Inc. at a total estimated cost of \$2.6 million, utilizing both DT III and OFC funds for short-term training through 8/18/00.

To manage the DT III Results Package, the PSC contracts for the Development Program Specialist and the Health and Population Specialist were extended through 9/30/00 and a secretary and driver/expediter hired under PSC contracts through 9/30/00; these two positions are funded 50-50 from OFC and DT III.

The remaining funds in the OFC project will be used to purchase a basic package of commodities for the Ministry of Public Health's MCH/FP clinics and primary health care units.



SCHEDULE OF ACTIVITY COMPLETIONS					
Country	Proj. No.	Project Title	Obligation	Cum Disb/ Planned	PACD
			(\$000)	(\$000)	
Oman	272-0104	Water Resources Dev.	62,491	62,491	Dec-95
Oman	272-0109	Training and Support *	9,911	9,509	Sep-95
Yemen	279-0090	Options for Fam. Care	11,374	11,374	Sep-00
Yemen	279-0080	Dev. Training III	45,610	45,610	Sep-00
Yemen	279-0082	Accel. Coop. Child Survival	8,615	8,615	Sep-98

\* Remaining balance to be deobligated after PACD

\*\* Reflects \$173,000 deobligated from this activity to be reobligated to Options for Family Care, 279-0090

### YEMENI PARTICIPANTS

NAME	INSTITUTION	DEGREE	COMPLETION	STATUS
1. Morheb Al Assad	Jackson St. U.	PhD/Pub Adm	Aug. 1998	RH
2. Entisar Dahane	Carnegie Mellon	MPM/Health	May 1998	RH
3. Tawfeek Al Dubhani	Carnegie Mellon	MPM/InfoSy	May 1998	RH
4. Abdullah Al Hamdi `	Carnegie Mellon	MPM/InfoSy	May 1998	RH
5. Ilham Al Hamadi	George Mason.	MEd/Ed	Aug. 1998	RH
6. Nahla El Huraibi	Ohio U.	MA/Soc	Dec. 1998- extended 6/99	SIT
7. Lamis A. Irayani	Kentucky St. U.	MPA	Dec. 1997	RH
8. Adnan Ismail	U. Mass/Lowell	PhD/Physics	Aug. 1998- extended 3/99	T
9. Iskhrak Al Kershi*	Carnegie Mellon	MPM/HRes.	May 1998	NR
10. Ali Al Omary	Carnegie Mellon	MPM/Fin.	May 1998	RH
11. Anwar Al Sanabani	Morgan St. U.	MS/Plan.	Dec. 1998	T
12. Mohamed Shamsuddin	U. of Arizona	MS/P.Health	Aug. 1998	RH
13. Amatalwali Al Sharki	U. of Dayton	MS/Eng. Mgt.	Aug. 1997	RH
14. Mohamed Al Ward	Morgan St. U.	MS/Planning	May 1998	RH
15. Musad Al Ward	Clark Atlanta	MS/Comp. Sc.	Dec. 1997	RH

16. Tariq Yehya	Iowa State U.	MS/Statistics	Aug. 1997	TH

SIT: Still in Training

RH: Returned Home

TH: Terminated for Health Reasons

\* Participant now legally in the U.S. under USIA approved J-1 residency waiver.

## OMAN

NAME	INSTITUTION	DEGREE	COMPLETION	STATUS
1. Saada Al Ghafry	U. Georgia	PhD/Ed	Nov. 1997	RH
2. Sanaa El Balushi	U. of Louisville	EdD/Ed	Dec. 1997	RH
3. Nada Al Moussa	Villanova	BS/Nurse	May 1998	SIT/GOF
4. Mohamed Al Murzaa	St. Louis U.	BS/Bus	July 1997	SIT/GOF
5. Hilal El Mukhaini	U. Rhode Island	PhD/Res. Econ.	Sept. 1997	RH
6. Saada Al Barawani	Villanova	BS/Nurse	May 1998	RH
7. Sumaiya Al Ghaithy	Villanova	BS/Nurse	May 1998	RH
8. Ahmed Al Khabouri	Jackson St. U.	PhD/Pub. Adm.	Aug. 1998	T
9. Jamal Al Khaduri	Villanova	BS/Nurse	May 1999	SIT
10. Fatma Al Lamaki	Villanova	BS/Nurse	May 1998	RH
11. Abdullah Al Rubei	Villanova	MS/Nurse	May 1998	RH
12. Samira Al Rawahi	Villanova	MS/Nurse	May 1997	NR

SIT: Still in Training  
 RH: Returned Home  
 NR: Non-Returnee  
 GOF: GovOman Funding  
 T: Terminated

